Exhibit 21 BLACK WARRIOR MINERALS INC - AL UCC-1 FILINGS

Search Date: February 13, 2023



2020 Hurley Way, Suite 350 Sacramento, CA 95825 Local: (916) 564-7800 Fax: (916) 564-7900 Toll Free: (800) 952-5696

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UCC Search Report

Type of Search UCCs, Federal Tax Liens, State Tax Liens, and Judgments

Jurisdiction/Filing Office State of Alabama, Secretary of State Uniform Commercial Code Division

Estimated Currency Date Jan. 31, 2023

Last File Date Feb 4 2023

Subject Search Name BLACK WARRIOR MINERALS, INC.

Search Key Entered BLACK* WARRIOR* MIN

Results

Based on a search of the indices of the Uniform Commercial Code Division of the Secretary of State of Alabama, there are no active liens of record other than those set out below. Liens reflected in this report were based on the searcher's individual search parameters, the search key entered, as well as the searcher's choice of the liens ultimately included or excluded herein. Certification can only be obtained through the office of the Alabama Secretary of State.

1. Financing Statement

Document No. 05-0603985 Lapses 8/8/2025

Filed 8/8/2005

Debtor BLACK WARRIOR MINERALS INC

4788 HIGHWAY 78 CORDOVA AL 35550

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

P O BOX 1508

BIRMINGHAM AL 35201

Amendment Type Amendment

File No. 05-0603985 1

Filed 1/5/2010 12:00:00 AM

Amendment Type Amendment

File No. 05-0603985 2

Filed 1/11/2010 12:00:00 AM

Amendment Type Continuation

File No. 05-0603985 4

Filed 2/9/2010 12:00:00 AM

Amendment Type Amendment

File No. 05-0603985 3

Filed 2/9/2010 12:00:00 AM

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Lapses 3/14/2026

Amendment Type Continuation

File No. 05-0603985_5

Filed 3/10/2015 12:00:00 AM

Amendment Type Continuation

File No. 05-0603985 6

Filed 3/12/2020 12:00:00 AM

Amendment Type Termination

File No. 05-0603985_7

Filed 11/16/2021 12:00:00 AM

2. Financing Statement

Document No. 06-0263911

Filed 3/14/2006

Debtor BLACK WARRIOR MINERAL INC

P O BOX 1190 SUMITON AL 35148

Debtor BLACK WARRIOR MINERAL, INC.

P O BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

P O BOX 1508

BIRMINGHAM AL 35201

Amendment Type Amendment

File No. 06-0263911_1

Filed 1/5/2010 12:00:00 AM

Amendment Type Continuation

File No. 06-0263911_2

Filed 10/4/2010 12:00:00 AM

Amendment Type Continuation

File No. 06-0263911_3

Filed 10/15/2015 12:00:00 AM

Amendment Type Continuation

File No. 06-0263911_4

Filed 10/15/2020 12:00:00 AM

Amendment Type Termination

File No. 06-0263911_5

Filed 12/22/2006

Filed 11/16/2021 12:00:00 AM

3. Financing Statement

Document No. 07-0009190

Lapses 12/22/2026

Debtor BLACK WARRIOR MINERALS INC

4788 HIGHWAY 78 CORDOVA AL 35550

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

P O BOX 1508

BIRMINGHAM AL 35201

Amendment Type Amendment

File No. 07-0009190_1

Filed 1/5/2010 12:00:00 AM

Amendment Type Continuation

File No. 07-0009190 2

Filed 7/7/2011 12:00:00 AM

Amendment Type Continuation

File No. 07-0009190_3

Filed 7/24/2016 12:00:00 AM

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Amendment Type Continuation

File No. 07-0009190_4

Filed 7/26/2021 12:00:00 AM

Amendment Type Termination

File No. 07-0009190 5

Filed 11/16/2021 12:00:00 AM

4. Financing Statement

Document No. 07-0120250

Lapses 2/8/2027

Filed 2/8/2007

Debtor BLACK WARRIOR MINERALS INC

4788 HWY 78 CORDOVA AL 35550

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

P O BOX 1508

BIRMINGHAM AL 35201

Amendment Type Amendment

File No. 07-0120250 1

Filed 1/5/2010 12:00:00 AM

Amendment Type Continuation

File No. 07-0120250_2

Filed 8/18/2011 12:00:00 AM

Amendment Type Continuation

File No. 07-0120250_3

Filed 9/10/2016 12:00:00 AM

Amendment Type Continuation

File No. 07-0120250_4

Filed 9/13/2021 12:00:00 AM

Amendment Type Termination

File No. 07-0120250_5

Filed 11/16/2021 12:00:00 AM

5. Financing Statement

Document No. 10-0049373

Lapses 1/29/2025

Filed 1/29/2010

Debtor BLACK WARRIOR MINERALS, INC.

4788 HIGHWAY 78 CORDOVA AL 35550

Secured Party SERVISFIRST BANK

P.O. BOX 1508

BIRMINGHAM AL 35201

Amendment Type Continuation

File No. 10-0049373 1

Filed 8/31/2014 12:00:00 AM

Amendment Type Continuation

File No. 10-0049373_2

Filed 8/31/2019 12:00:00 AM

Amendment Type Termination

File No. 10-0049373_3

Filed 11/16/2021 12:00:00 AM

6. Financing Statement

Document No. 11-7062703

Filed 4/5/2011

Lapses 4/5/2026

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Debtor BLACK WARRIOR MINERALS, INC.

P.O. BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

850 SHADES CREEK PKWY, SUITE 200

BIRMINGHAM AL 35209

Amendment Type Continuation

File No. 11-7062703_1

Filed 11/6/2015 12:00:00 AM

Amendment Type Continuation

File No. 11-7062703_2

Filed 11/6/2020 12:00:00 AM

Amendment Type Termination

File No. 11-7062703 3

Filed 11/16/2021 12:00:00 AM

7. Financing Statement

Document No. 12-7063961 Lapses 3/19/2027

Filed 3/19/2012

Debtor BLACK WARRIOR MINERALS, INC.

P. O. BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

850 SHADES CREEK PKWY, SUITE 200

BIRMINGHAM AL 35209

Amendment Type Continuation

File No. 12-7063961_1

Filed 10/19/2016 12:00:00 AM

Amendment Type Continuation

File No. 12-7063961 2

Filed 10/21/2021 12:00:00 AM

Amendment Type Termination

File No. 12-7063961 3

Filed 11/16/2021 12:00:00 AM

8. Financing Statement

Document No. 14-7671555 Lapses 8/28/2024

Filed 8/28/2014

Debtor BLACK WARRIOR MINERALS, INC.

P.O. BOX 1190 SUMITON AL 35148

Secured Party SERVISFIRST BANK

850 SHADES CREEK PKWY, SUITE 200

BIRMINGHAM AL 35209

Amendment Type Continuation

File No. 14-7671555_1

Filed 3/30/2019 12:00:00 AM

Amendment Type Amendment

File No. 14-7671555_2

Filed 4/30/2019 12:00:00 AM

Amendment Type Termination

File No. 14-7671555_3

Filed 11/16/2021 12:00:00 AM

9. Financing Statement

Document No. 19-7480421

Filed 9/23/2019

Lapses 9/23/2024

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Debtor BLACK WARRIOR MINERALS, INC.

P O BOX 1190 SUMITON AL 35148

Secured Party THOMPSON TRACTOR CO., INC.

P O BOX 10367 BIRMINGHAM AL 35202

Amendment Type Termination File No. 19-7480421_1

Filed 12/14/2021 12:00:00 AM

10. Financing Statement

Document No. 19-7496966 Lapses 10/1/2024

Filed 10/1/2019

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 1190 SUMITON AL 35148

Secured Party THOMPSON TRACTOR CO., INC.

PO BOX 10367

BIRMINGHAM AL 35202

Amendment Type Termination File No. 19-7496966 1

Filed 12/14/2021 12:00:00 AM

11. Financing Statement

Document No. 21-7610363 Lapses 10/13/2026

Filed 10/13/2021

Debtor BLACK WARRIOR MINERALS, INC.

4788 HIGHWAY 78 CORDOVA AL 35550

Secured Party JOHN DEERE CONSTRUCTION & FORESTRY COMPANY

6400 NW 86TH ST JOHNSTON IA 50131

12. Financing Statement

Document No. 21-7694609 Lapses 11/23/2026

Filed 11/23/2021

Debtor BLACK WARRIOR MINERALS, INC.

4788 HIGHWAY 78 CORDOVA AL 35550

Secured Party CORPORATION SERVICE COMPANY AS REPRESENTATIVE

PO BOX 2576 UCCSPREP@CSCINFO.COM

SPRINGFIELD IL 62708

13. Financing Statement

Document No. 21-0601632 Lapses 11/29/2026

Filed 11/29/2021

Debtor BLACK WARRIOR MINERALS INC.

4788 HWY 78 CORDOVA AL 35550

Secured Party NEBARI NATURAL RESOURCES CREDIT FUND I, LP

130 5TH AVENUE, FIFTH FLOOR

NEW YORK NY 10011

Amendment Type Termination

File No. 21-0601632 1

Filed 5/24/2022 12:00:00 AM

14. Financing Statement

Document No. 22-7064124

Filed 2/7/2022

Lapses 2/7/2027

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Debtor BLACK WARRIOR MINERALS, INC.

P.O. BOX 1190 SUMITON AL 35148

Secured Party CATERPILLAR FINANCIAL SERVICES CORPORATION

2120 WEST END AVENUE NASHVILLE TN 37203

15. Financing Statement

Document No. 22-7068201

Lapses 2/9/2027

Filed 2/9/2022

Debtor BLACK WARRIOR MINERALS, INC.

4788 HIGHWAY 78 CORDOVA AL 35550

Secured Party CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

PO BOX 2576UCCSPREP@CSCINFO.COM

SPRINGFIELD IL 62708

Secured Party FIRST-CITIZENS BANK & TRUST COMPANY

10201 CENTURION PARKWAY NORTH, SUITE

JACKSONVILLE FL 32256

Amendment Type Assignment

File No. 22-7068201 1

Filed 9/21/2022 12:00:00 AM

16. Financing Statement

Document No. 22-7135486

Lapses 3/14/2027

Filed 3/14/2022

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 1190 SUMITON AL 35148

Secured Party NOREAST CAPITAL CORPORATION

428 FOURTH STREET, SUITE 1

ANNAPOLIS MD 21403

17. Financing Statement

Document No. 22-7306693

Lapses 5/20/2027

Filed 5/20/2022

Debtor BLACK WARRIOR MINERALS, INC.

SUITE 107, 109 PITT STREET

SYDNEY 20000

Secured Party COLLINS ST CONVERTIBLE NOTES PTY LTD ACN 657 773 754, AS TRUSTEE

LEVEL 9, 365 LITTLE COLLINS STREET

MELBOURNE 30000

Secured Party COLLINS ST CONVERTIBLE NOTES PTY LTD CAN 657 773 754, AS TRUSTEE

LEVEL 9, 365 LITTLE COLLINS STREET

MELBOURNE 30000

Amendment Type Amendment

File No. 22-7306693_1

Filed 5/23/2022 12:00:00 AM

18. Financing Statement

Document No. 22-7333369

Lapses 6/2/2027

Filed 6/2/2022

Debtor BLACK WARRIOR MINERALS, INC.

SUITE 205

BIRMINGHAM AL 35223

Secured Party JOHN DEERE CONSTRUCTION & FORESTRY COMPANY

6400 NW 86TH ST JOHNSTON IA 50131

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19. Financing Statement

Document No. 22-7514586 Lapses 8/30/2027

Filed 8/30/2022

Debtor BLACK WARRIOR MINERALS INC

P.O. BOX 1190 SUMITON AL 35148

Secured Party BILL MILLER EQUIPMENT SALES

10200 PARKERSBURG RD ECKHART MINES MD 21528

20. Financing Statement

Document No. 22-7603452 Lapses 10/14/2027

Filed 10/14/2022

Debtor BLACK WARRIOR MINERALS, INC. 2 OFFICE PARK CIRCLE, SUITE 205 MOUNTAIN BROOK AL 35223

Secured Party CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

PO BOX 2576 UCCSPREP@CSCINFO.COM

SPRINGFIELD IL 62708

21. Financing Statement

Document No. 22-7631314 Lapses 10/31/2027

Filed 10/31/2022

Debtor BLACK WARRIOR MINERALS, INC.

2 OFFICE PARK CIRCLE, SUITE 205 MOUNTAIN BROOK AL 35223

Secured Party CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

PO BOX 2576 UCCSPREP@CSCINFO.COM

SPRINGFIELD IL 62708

22. Financing Statement

Document No. 22-7655126 Lapses 11/15/2027

Filed 11/15/2022

Debtor BLACK WARRIOR MINERALS, INC.

PO BOX 530882 BIRMINGHAM AL 35253

Secured Party CATERPILLAR FINANCIAL SERVICES CORPORATION

2120 WEST END AVENUE NASHVILLE TN 37203

We assume no liability with respect to the identity of any party named or referred to in this report, nor with respect to the validity, legal effect or priority of any matter shown herein; nor, due to our inability to independently verify the accuracy of this data as provided by government and other sources, do we make any guaranty or representation as to its accuracy.

----- END OF REPORT -----

Report Parameters

The UCC Revised Article 9 Model Administrative Rules (MARS) provide state filing offices with a set of guidelines for producing a legally compliant UCC lien search report. The search tool used to create this search report was designed to satisfy the requirements under MARS while providing the searcher with increased flexibility.

Flexible search logic generates a more inclusive search report and addresses the inconsistencies in searches performed within states that did not effectively adopt the MARS guidelines. Further, these specially designed broad-based searching features aid in the location of involuntary liens such as Federal and State Tax Liens and Judgment Liens and liens that may not be located in state databases limited to the MARS guidelines for the reporting of UCCs.

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]					
	88-427-8713		021 AM Pg		2 5
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		а гаt 63	777		ж I ж Ю I О
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DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a of 1a, ORGANIZATION'S NAME)	or 1b) - do not abbreviate or combine names				
BLACK WARRIOR MINERALS, INC.					
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	:	COUNTRY
4788 HIGHWAY 78	CORDOVA	AL	35550	-	USA
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID	#, if any	
DEBTOR	AL				NONE
 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one deligation. Qualification'S NAME 	ebtor name (2a or 2b) - do not abbreviate or cor	nbine names			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	:	COUNTRY
20. III/III/II/O/IBB/ILEGO	GITT	01/112	1 001/12 0002	-	COOMIN
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID	#, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only one secured party name (3a o	or 3b)			
JOHN DEERE CONSTRUCTION & FORESTRY CO	OMPANY				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
2. MAUNIO ADDRESO	OUTV	OTATE	IDOOTAL CODE		COLINEDY
3c. MAILING ADDRESS 6400 NW 86TH ST	JOHNSTON	STATE	POSTAL CODE 50131	:	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:				Па	 TTACHMENT
HITACHI EX36 EX3600-7 MINING EXCAVA CF 29 YARD BUCKET P/N: 29 CF 29 YARD BUCKET P/N: 29					
FQSBEAR FIRE SUPRESSION SYSTEM P		oiro ond :	mprove	onto	(2) all
together with (1) all attachments, accessorie accounts, general	es and components, rep	ans and II	nprovem	ienis,	(∠) all
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limitation, insurance, sale, lease and rental	proceeds, and proceeds	of proce	eds.		
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	SIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BL		LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REA ESTATE RECORDS. Attach Addendum [if application of the content of the conte	17 Chack to REQUEST SEARCH RED	ORT(S) on Debtor	(c)		
	AL 7. Check to REQUEST SEARCH REP able] [ADDITIONAL FEE]	[optional]	All Deb	tors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA 4703009	[ADDITIONAL FEE]	[optional]	All Deb	tors De	ebtor 1 Debtor 2

Cose 23 10234-CTG Doc 110-21 Filed 03/14/23 Page 9 of 25

UCC FINANCING	STATEME	ENT								
FOLLOW INSTRUCTIONS	6 (front and back)) CAREFULLY								
A. NAME & PHONE OF CO	ONTACT AT FILE	R [optional]	800-	858-5294			21 PM	Pg	00	2 1 20
B. SEND ACKNOWLEDGN	MENT TO: (Nam	ne and Address)	000-	030-3294		Ť.	202		്.	• 1
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					THE ABOVE SI	PACE IS FO	R FILI	IG OFFICE	USE O	NLY
1. DEBTOR'S EXACT FU		E - insert only <u>one</u> debtor na	ame (1a or 1b	o) - do not abbreviate o	r combine names					
1a. ORGANIZATION'S NA Black Warrior Mi										
OR 1b. INDIVIDUAL'S LAST N			F	IRST NAME		MIDDLE	NAME			SUFFIX
1c. MAILING ADDRESS			C	CITY		STATE	POST	AL CODE		COUNTRY
4788 HIGHWAY 78				CORDOVA		AL	355			USA
	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZAT		f. JURISDICTION OF (ORGANIZATION	1g. ORG	ANIZATI	ONAL ID #, if a	any	П
2. ADDITIONAL DEBTOR	DEBTOR	LEGAL NAME - insert or			not abbreviate or combin	e names				NONE
2a. ORGANIZATION'S NA		ELO, LE TO UNIE INSSIT ON	ny <u>one</u> debte	Thame (2d of 25) do	not approvide or complin	o nameo				
OR 2b. INDIVIDUAL'S LAST N	IAME		F	IRST NAME		MIDDLE	NAME			SUFFIX
2c. MAILING ADDRESS			C	CITY		STATE	POST	AL CODE		COUNTRY
	ADD'L INFO RE	2e. TYPE OF ORGANIZAT	TION 2	f. JURISDICTION OF	DRGANIZATION	2a. ORG	ANIZATI	ONAL ID#, if a	anv	
	ORGANIZATION DEBTOR	1	' 			ı			,	NONE
3. SECURED PARTY'S	NAME (or NAME of	L of TOTAL ASSIGNEE of ASS	SIGNOR S/P) - insert only <u>one</u> secu	ured party name (3a or 3b)				110112
3a. ORGANIZATION'S NA	ME	COMPANY as RE								
OR 3b. INDIVIDUAL'S LAST N		JOINIPAINT AS RE				MIDDLE	NANAE			Tourriy
30. INDIVIDUAL'S LAST N	IAME			IRST NAME		MIDDLE	NAME			SUFFIX
3c. MAILING ADDRESS			C	CITY		STATE	POST	AL CODE		COUNTRY
PO Box 2576 uccsp	orep@cscinfo	.com		Springfield		IL	627	80		USA
4. This FINANCING STATEMEI All of the goods to Lessee, when related peripher substitutions, a enhancements, (including, but n acquired and ac Collateral describer Four Hitachi Ze tires, de-installa See additional. 5. ALTERNATIVE DESIGNATI	, furniture, rever located to be recessions and accessions in the community of the communit	fixtures, equipmed, including the more fully description in modification incorporate, amounts part Debtor/Lesser H3500 mining	but not cribed is, upo orated ayable ee afte trucks ansport	limited to	he following A, together wades, revision of the following	equipm ith all roons, ne nereto a olicy) ar Staten	ent of eplace with ward and all and all nent.	descrip cement ersions all proce I other	ofter tion s, ac s, eeds prop	and all dditions, thereof, erty
6. This FINANCING STATE	MENT is to be filed	[for record] (or recorded) in	the REAL	7. Check to REQU	EST SEARCH REPORT	(S) on Debtor		All Debtors	Debto	
8. OPTIONAL FILER REFEREN	Attach Addendum NCE DATA	<u>, </u>	[if applicable]	[ADDITIONAL F	<u> </u>	ptional]		AII DEDIOIS	บอกเ	Zi i Debioi Z
2222 53673										

Coco 23 103 34-CTG Doc 110-21 Filed 03/14/23 Page 10 of 25

UCC FINANCING STATE		1					
9. NAME OF FIRST DEBTOR (1a or 1		TEMENT					
9a. ORGANIZATION'S NAME	,		Φ	FI C	1 Р Р Р	0075	
Black Warrior Minerals, Ind	С.		a Ţ			ъ о	• 1
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	Alabama . Of Stá	460	2 . 0	\$\frac{\alpha}{\triangle} \tag{\alpha}{\triangle} \tag{\alpha}{\triangle}	
10.MISCELLANEOUS:	<u>'</u>		-ak Of	769	- !		Ø
			Al Sec.	B 21-7 Date 1	Time 211123	File Access	Conv Total 843635
			E ABOVE SP	PACE IS	FOR FILING	OFFICE U	JSE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate or co	mbine names				
TTA. ORGANIZATION S NAME							
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MI	IDDLE NA	ME		SUFFIX
11c. MAILING ADDRESS		CITY	SI	TATE P	POSTAL CODE		COUNTRY
TIO. WINELING ABBREES		Citt		.,,,,	COTAL CODE		COOMIN
ADD'L INFO F ORGANIZATIO DEBTOR	RE 11e. TYPE OF ORGANIZATION ON	11f. JURISDICTION OF ORGANIZATION	11	Ig. ORGAI	NIZATIONAL II	O#, if any	NONE
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 1)	2h)				INONE
12a. ORGANIZATION'S NAME	THO <u>se</u> Macronon on o	TV WIL MOOR ONLY ONE HAME (124 OF 12					
OR							
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MI	IDDLE NA	ME		SUFFIX
10 1444 110 455550		OUTV	0.7	TATE D	OOTAL OODE		COLINEDY
12c. MAILING ADDRESS		CITY	5	TATE P	POSTAL CODE		COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate: This financial is a fixture filing fixture fixture filing fixture	timber to be cut or as-extracted	16. Additional collateral description: acceptable to the Le	essor.				
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):	R of above-described real estate	17. Check only if applicable and check on the control of the contr	only one box.				ecedent's Estate

OLLOW INSTRUCTIONS (front and back) A. NAME & PHONE OF CONTACT AT FILE Wolters Kluwer Lien Solutions B. SEND ACKNOWLEDGMENT TO: (Nam		800-33	1-3282		la tate	24	/20	1 Pg	\$9.75	2 5 5 5 5 5 5 5 5 5
Lien Solutions P.O. Box 29071					abama Of St	4	2/07 11:		₩	W
Glendale, CA 91209-9071 USA					Ala Sec. (22-7	me 0	20207	File Access	onv otal
L							ÄH	0 1	H A	Ŭ Ĕ ď
. DEBTOR'S EXACT FULL LEGAL NAME	E - insert only one debtor	name (1a or 1b) - do	o not abbreviate or	THE ABOVE S	SPACE IS	FOF	RFILING	OFFICE	USE O	NLY
1a. ORGANIZATION'S NAME		(14 51 15)	7.101.402.101.410.01							
BLACK WARRIOR MINERAL 1b. INDIVIDUAL'S LAST NAME	.5, INC.	FIRST	NAME		MID	DLE N	IAME			SUFFIX
c. MAILING ADDRESS P.O. Box 1190		CITY	miton		STA A		90STAL			COUNTRY
ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZA		RISDICTION OF OF	RGANIZATION				IAL ID#, if	any	
DEBTOR . ADDITIONAL DEBTOR'S EXACT FULL [2a. ORGANIZATION'S NAME]	LEGAL NAME - insert		ne (2a or 2b) - do n	ot abbreviate or comb	ine names					NON
2b. INDIVIDUAL'S LAST NAME		FIRST	NAME		MID	DLE N	IAME			SUFFIX
C. MAILING ADDRESS		CITY			STA	TE	POSTAL	CODE		COUNTRY
ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZA	ATION 2f. JU	RISDICTION OF OF	RGANIZATION	2g.	ORGA	<u> </u> NIZATION	NAL ID#, if	any	Пион
. SECURED PARTY'S NAME (or NAME o	I of TOTAL ASSIGNEE of A	SSIGNOR S/P) - ins	sert only <u>one</u> secure	ed party name (3a or 3	3b)					NON
Caterpillar Financial Services 3b. INDIVIDUAL'S LAST NAME	Corporation	FIDE	NAME		laur.	DLE N	IANAT			SUFFIX
30. INDIVIDUAL S LAST NAIME		FIRST	NAME		IMIL	DLE N	IAIVIE			SUFFIX
c. MAILING ADDRESS 2120 West End Avenue		CITY Nas	shville		STA		90STAL 3720			COUNTRY
R. This FINANCING STATEMENT covers the follow (ONE) 1 Caterpillar Year 2	2010 Model 9 nd accession	is thereto, the scope	now own of Article	ed or herea 9 of the Ur	after a	acqı ı Co	uired omme	and p ercial	bstite proce Code	eds e (if this
replacements, additions a hereof. The above collate statement is filed in New J		fically Cha	ibiei a oi							
hereof. The above collate		fically Cha	apter 9 of							
hereof. The above collate statement is filed in New J		fically Cha	apter 9 or	. 1.1.0						

Case 23 10334-CTG Doc 110-21 Filed 03/14/23 Page 12 of 25

CSC B. SEND ACKNOWLED CSC	tevenson Drive	optional] 8	00-858-5294 ————————————————————————————————————	Alabama Sec. Of State B 22-7068201 F	02/09/202 07:59 A 09 3 P \$15.0	Conv
. DEBTOR'S EXACT		nsert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names			
Black Warrior I						
DR 16. INDIVIDUAL'S LAST			FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
4788 Highway 78			Cordova	AL	35550	USA
	ADD'L INFO RE 1e. ORGANIZATION DEBTOR	. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	Пиом
2. ADDITIONAL DEBT(GAL NAME - insert only <u>one</u> d	lebtor name (2a or 2b) - do not abbreviate or comb	oine names		LINON
2a. ORGANIZATION'S I	NAME					
OR 2b. INDIVIDUAL'S LAS	T NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
					T	
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
		. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR					NON
3a. ORGANIZATION'S I		OTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or	3b)		
	ON SERVICE CO	MPANY, AS REPRE	ESENTATIVE			
	TNAME		FIRST NAME	MIDDLE I	NAME	SUFFIX
3b. INDIVIDUAL'S LAS			CITY	STATE	POSTAL CODE	COUNTRY
3b. INDIVIDUAL'S LAS				IL	62708	USA
3b. INDIVIDUAL'S LAS' IC. MAILING ADDRESS PO BOX 2576UCC I. This FINANCING STATEM			Springfield	IL		TTACHMENT

Case 23 10334-CTG Doc 110-21 Filed 03/14/23 Page 13 of 25

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_	OW INSTRUCTIONS (fr												
	AME OF FIRST DEBTO 9a. ORGANIZATION'S NAME	. ,	N RELATED FINANCING STA	IEME	NI		Ω	abla	AM	p		0 2	
	Black Warrior Mine					(ر	0			0.	.5	
OR			Tere e		THIRD I S HAME OUTS!	(д <u>—</u>	/2	6	\sim		8 8 8 8	
	9b. INDIVIDUAL'S LAST NAM	E	FIRST NAME		MIDDLE NAME,SUFFIX	abama	ω 2 Ω	/60/			\$	07 07	1 %
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		_											
OR	11b. INDIVIDUAL'S LAST NAI	ME		FIRS	TNAME		MIDDLE	NAM	E			SI	JFFIX
11c.	MAILING ADDRESS			CITY			STATE	PO	STAL	CODE		C	DUNTRY
		DD'L INFO RE RGANIZATION	11e. TYPE OF ORGANIZATION	11f. c	JURISDICTION OF ORGAN	NIZATION	11g. OR	GANI:	ZATIO	DNAL ID #	t, if an	у	
		EBTOR											NONE
12.	ADDITIONAL SECUP		S or \square ASSIGNOR S/P'S	NAN	∕IE - insert only <u>one</u> name	(12a or 12b)							
	12a. ORGANIZATION'S NAMI	=											
OR	12b. INDIVIDUAL'S LAST NAI	ME		FIRS	TNAME		MIDDLE	NΔM				lei	JFFIX
	125. INDIVIDUAL O LAGI NA	VII.		"	TIVAME		IVIIDDEL	14/ (14)	_				JI I IX
12c.	MAILING ADDRESS			CITY			STATE	PO	STAL	CODE		C	DUNTRY
13. 1	This FINANCING STATEMEN	T covers T tim	ber to be cut or as-extracted	16.	Additional collateral descri	ption:							
	collateral, or is filed as a Description of real estate:	fixture filing.		int rig int th ar wl	operty, softwa tangibles, integ phts, ventory, collar erein, attache ising therefro hether or not a ny and all prod	ellectual pro teral and o ed thereto, m, all furnished b	operty ther rassoc by the	/, li igh cia	ice its ted upp	nse, incor I ther olier t	cor por ewi	ated th or	t I · and
	Name and address of a REC0 (if Debtor does not have a rec		above-described real estate	17. 0 Debt	ee additional. Check only if applicable an or is a Trust or T Theck only if applicable an Debtor is a TRANSMITTING	rustee acting with red check only one box GUTILITY Manufactured-Home	spect to p	n — 6	effecti	ve 30 yea	<u> </u>	Deced	ent's Estate

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9. r	9a. ORGANIZATION'S NAME	. ,	N RELATED FINANCING STA	I EIVIE	N I		လ	0	AM Pg		n 0 I	
	Black Warrior Mine						<u>ل</u>	0		0 1	. 5	~
OR			EIDOTNAME		IMIDDLE NAME CUEELY	(0 1 0		υ w		የ የ l ህ 4 l	
	9b. INDIVIDUAL'S LAST NAM	/IE	FIRST NAME		MIDDLE NAME, SUFFIX	am 2	∞ ∨ ∨	/09/	••	ώ. `)	S
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11.	11a. ORGANIZATION'S NAM		LEGAL NAME - insert only <u>one</u> n	ame (1	1a or 11b) - do not abbrev	riate or combine name	es					
OB												
OR	11b. INDIVIDUAL'S LAST NA	ME		FIRS	TNAME		MIDDLE	NAME			SUF	FIX
11c	. MAILING ADDRESS			CITY			STATE	POS	TAL CODE		COL	JNTRY
		DRGANIZATION	11e. TYPE OF ORGANIZATION	11f. c	URISDICTION OF ORGA	NIZATION	11g. OR	GANIZ	ATIONAL I	D#, if any		
40	_	DEBTOR			45							NONE
12.	ADDITIONAL SECUI 12a. ORGANIZATION'S NAM		S or Massignor 3/P3	NAN	∕IE - insert only <u>one</u> name	(12a or 12b)						
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OR	12b. INDIVIDUAL'S LAST NA	ME		FIRS	TNAME		MIDDLE	NAME			SUF	FIX
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120	WALLING ADDICESS						OIAIL		IAL GODE	-		ZIVIIVI
14.	This FINANCING STATEMEN collateral, or is filed as a Description of real estate: Name and address of a REC	fixture filing.	above-described real estate	ar pr pu is inc	Additional collateral description of the collateral description of	of. This filing not to suggrecurity integets ght or author, pledge, e	est Serest or ority te encum	ecu only o se obei	red P . Deb ell, su or di	arty's tor ha bleas	inte as no e,	rest
	(if Debtor does not have a rec	cord interest):										
					Check only if applicable ar					_		
					or is a Trust or			roperty	held in tru	ust or	Decede	nt's Estate
					Check only if applicable ar		(.					
				=	Debtor is a TRANSMITTING		Transactio	n — 🖴	ective 30 v	/ears		
					filed in connection with a				-	. 5010		

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UC	C FINANCING	STATEME	 NT AMEN D	MENT						
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C	SC			800-8	858-529	4	Φ 4	22 AM Pg	00	
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1a. l	NITIAL FINANCING STATE	MENT FILE#				THE ABOVE S		R FILING OFFI FINANCING STA		
2	22-7068201							e filed [for record] AL ESTATE RECO) in the
2.						respect to security interest(s) of				
3.	continued for the addition			entified above w	ith respect to	o security interest(s) of the Secu	ired Party autho	orizing this Contin	uation Staten	nent is
4.	X ASSIGNMENT (FL	JLL): Give nam	e of assignee in item 7a	or 7b and addre	ess of assigne	ee in item 7c; and also give name	e of assignor in	item 9.		
	AMENDMENT (PARTY	•		ш		ured Party of record. Check on	y <u>one</u> of these	two boxes.		
Γ	Also check <u>one</u> of the followi	ddress: Give currer	nt record name in item 6	a or 6b; also give	e new	DELETE name: Give record n	ame A[D name: Comple	te item 7a or	7b, and also
6. 0	☑ name (if name change) ii CURRENT RECORD INFO		or new address (if addre	ess change) in it	em /c.	to be deleted in item 6a or 6b.	ite	m 7c; also comple	te items /d-/	g (if applicable).
	6a. ORGANIZATION'S NA	ME								
OR	6b. INDIVIDUAL'S LAST N	IAME		F	IRST NAME		MIDDLE	NAME		SUFFIX
7. 0	CHANGED (NEW) OR AD 7a. ORGANIZATION'S NA		ON:							
OR	First-Citizens Ba	nk & Trust C	ompany							
OIX	7b. INDIVIDUAL'S LAST N	IAME		F	IRST NAME		MIDDLE	NAME		SUFFIX
7c. I	MAILING ADDRESS			C	CITY		STATE	POSTAL CODE		COUNTRY
	201 Centurion Pa	rkway North	, Suite 100		Jackson	ville	FL	32256		USA
		ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZ	ATION 7	f. JURISDICT	TION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID	#, if any	<u> </u>
		DEBTOR								NONE
	AMENDMENT (COLLAT			tad callatoral do	scription or	describe collateral assign	ad		∐ ATT	ACHMENT
D	dele la collateral dele	ted oradded,	or give entirerestat	ed collateral de	escription, or	describe collateralassign	ea.			
						ne of assignor, if this is an Assign				a Debtor which
	dds collateral or adds the a		or if this is a Termination	authorized by a	Debtor, chec	ck here and enter name of C	EBTOR autho	orizing this Amendr	ment.	
O.D.	CORPORATION		COMPANY, AS	REPRESE	NTATIV	Έ				
OR	9b. INDIVIDUAL'S LAST N	IAME		F	IRST NAME		MIDDLE	NAME		SUFFIX
10 (DPTIONAL FILER REFEREN	NCE DATA								
	htor:Black Warrior		2200 02417							

Coco 23 102 <mark>34-CTG Doc 1</mark>	110-21 Filed 03/14/23 F	age 17	of 25	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]	Alabama	- 01 35486 -7135486 03/14/2	12:09 12:09 13:09 13:09	
USA 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1a. ORGANIZATION'S NAME	THE ABOVE SPAC	Д D M	ITIME 22037	
OR Black Warrior Minerals, Inc. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS	FIRST NAME CITY		DSTAL CODE	SUFFIX
PO Box 1190 ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor	Sumiton 1f. JURISDICTION OF ORGANIZATION AL tor name (2a or 2b) - do not abbreviate or combine na	1g. ORGANIZ	ATIONAL ID #, if any	USA NONE
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS	FIRST NAME	MIDDLE NAM	ME DSTAL CODE	SUFFIX
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION		ZATIONAL ID #, if any	NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SAME 3a. ORGANIZATION'S NAME Noreast Capital Corporation OR 3b. INDIVIDUAL'S LAST NAME	/P) - insert only <u>one</u> secured party name (3a or 3b) FIRST NAME	MIDDLE NAM	ΛΕ	SUFFIX
3c. MAILING ADDRESS 428 Fourth Street, Suite 1	CITY Annapolis		OSTAL CODE 21403	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: (1) 24' x 56' Modular Office Building with Skir Located at Black Warrior Minerals, Inc. 1550 Sardis Road, Gardendale		 224321		ACHMENT

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [ESTATE RECORDS. Attach Addendum	for record] (or recorded)	n the REAL [if applicable]	7. Check to REQ [ADDITIONAL	UEST SEARCH REPO FEEI	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

8. OPTIONAL FILER REFERENCE DATA :66369 2284 29341

	NS (front and back) CAREFULLY CONTACT AT FILER [optional]			7.0	~1 V F	0 10 0 1	2
Laura Brengartner	GMENT TO: (Name and Address	800-300-506	57	ث	2022 3 AM Pg	0	2
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 DEBTOR'S EXACT F 1a. ORGANIZATION'S N 	FULL LEGAL NAME - insert only <u>one</u> IAME	e debtor name (1a or 1b) - do not ab	breviate or combine names				
Black Warrior N	Minerals, Inc.						
OR 1b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	NAME	SUFFI	X
1c. MAILING ADDRESS		CITY					
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Guile 101, 109 Fill	ADD'L INFO RE 1e. TYPE OF OF ORGANIZATION	Sydney RGANIZATION 1f. JURISDIC	TION OF ORGANIZATION			AU	s
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5.	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-U	JCC FILING
6.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		in the REAL [if applicable]	7. Check to REC	QUEST SEARCH REPO _ FEE]	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8.	OPTIONAL FILER REFERENCE DATA								

For filing with the Alabama Secretary of State/1001424.0001

Cosp. 33, 10334-CTG Doc	110-21	Filed 03/14/23	Page 1	L9 of 25	
LICC FINANCING STATEMENT AMENDMEN	т				
UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ı				
A. NAME & PHONE OF CONTACT AT FILER [optional]	0 000 500	,	Ā	0 Z D	വിഠവാ
Laura Brengartner 80 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	0-300-5067		te AM	022 PM Pg	
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1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE S		FILING OFFICE FINANCING STATE	MENT AMENDMENT is
22-7306693				e filed [for record] (or L ESTATE RECORD	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with r	respect to security interest(s) of t	ne Secured Par	ty authorizing this Ter	mination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to	security interest(s) of the Secu	red Party autho	rizing this Continuati	on Statement is
4. ASSIGNMENT (): Give name of assignee in item 7a or 7b and a	ddress of assigne	e in item 7c; and also give name	of assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor <u>or</u> X Secu	red Party of record. Check only	one of these t	wo boxes.	
Also check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Give current record name in item 6a or 6b; also] DELETE name: Give record na	ame 🗖 AD	D name: Complete it	em 7a or 7b, and also
X name (if name change) in item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION:	in item 7c.	to be deleted in item 6a or 6b.	iter	n 7c; also complete i	ems 7d-7g (if applicable).
6a. ORGANIZATION'S NAME					
COLLINS ST CONVERTIBLE NOTES PTY LTD CAI		754, AS TRUSTEE			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME COLLINS ST CONVERTIBLE NOTES PTY LTD ACI	N 657 773 ⁻	75/ AS TRUSTEE			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	734, A3 TRUSTEE	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
LEVEL 9, 365 LITTLE COLLINS STREET	MELBOL		7000	30000-0000	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICT	ION OF ORGANIZATION	/g. ORG/	ANIZATIONAL ID#, I	nany NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					ATTACHMENT
Describe collateral deleted or added, or give entire restated collateral	I description, or	describe collateral assigned	ed.		_
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME					
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized I	by a Deptor, chec	k here and enter name of D	LD I OK autho	ızıng ınıs Amenamen	L.
Collins St Convertible Notes Pty Ltd CAN 657 773 75	54, as Trus	tee for Collins St Cor	vertible N	ote Fund	
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX

JOHNSTON, IA 501. USA DEBTOR'S EXACT FULL LEGA 1a. ORGANIZATION'S NAME BLACK WARRIOR MIN	31			< ⋅	0 0 2	ω ω	-
1a. ORGANIZATION'S NAME				Ω Ω	B 22 B 22 Date Time 2206	File Acce Conv	Total
	AL NAME - insert only <u>one</u> debtor na	me (1a or 1b) - do					
	IERALS, INC.			<u> </u>			
1b. INDIVIDUAL'S LAST NAME			NAME	MIDDL	E NAME	SUF	FIX
MAILING ADDRESS		CITY	MINGHAM	STATE	POSTAL CODE		JNTRY SA
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION			ISDICTION OF ORGANIZATION	1g. OR	 RGANIZATIONAL ID	#, if any	
DEBTOR ADDITIONAL DEBTOR'S EXAC		ly <u>one</u> debtor name	e (2a or 2b) - do not abbreviate or	combine names			NON
2a. ORGANIZATION'S NAME							
2b. INDIVIDUAL'S LAST NAME		FIRST	NAME	MIDDL	E NAME	SUF	FIX
c. MAILING ADDRESS		CITY		STATE	E POSTAL CODE	Ē COL	JNTRY
ADD'L IN ORGANI DEBTOR	ZATION '	ON 2f. JUR	ISDICTION OF ORGANIZATION	2g. OR	 RGANIZATIONAL ID	#, if any	Пиои
SECURED PARTY'S NAME (o				Ba or 3b)			NON
JOHN DEERE CONST 3b. INDIVIDUAL'S LAST NAME	RUCTION & FORESTF	RY COMPAN		MIDDI	E NAME	SUF	EIV
SD. INDIVIDUAL S LAST MAINE		FIRST	VAIVIE	IWIIDDL	ENAME	30F	FIX
c. MAILING ADDRESS 6400 NW 86TH ST		CITY	INSTON	STATE IA	POSTAL CODE 50131		JNTRY SA
. This FINANCING STATEMENT covers t	the following collateral:					ATTACH	HMENT

JCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] JENNI BRAKEALL 30	01-689-1013	O FH)22 AM Pg	00		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			/20 18 1	15 59.		
BILL MILLER EQUIPMENT SALES		ama : St	abama Of S: 0145 09: 09:			
10200 PARKERSBURG RD		1ab Of 751				
Eckhart Mines, MD 21528		⊄ : • I	0 0 ∞	m w		
USA		01	Dat Tim 220	File Acce	Conv Tota	
				,		
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o		SPACE IS FO	R FILING OFF	ICE USE C	DNLY	
1a. ORGANIZATION'S NAME	,					
BLACK WARRIOR MINERALS INC 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE I	NAME		SUFFIX	
1c. MAILING ADDRESS	CITY SUMITON	STATE AL	POSTAL CODE 35148		COUNTRY	
P.O. BOX 1190 ADD'L INFO RE 16. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID :	#, if any	USA	
ORGANIZATION DEBTOR	AL				NONE	
 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dependence of the control of the contr	ebtor name (2a or 2b) - do not abbreviate or com	bine names				
OR OL INDIVIDUALS LAST NAME						
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
Zc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2a ORGA	ANIZATIONAL ID :	# if any		
		-g. 0.10/		, 	_	
ORGANIZATION DEBTOR					NONE	
ORGANIZATION DEBTOR B. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or	3b)			NONE	
ORGANIZATION I	S/P) - insert only one secured party name (3a or	3b)			NONE	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only <u>one</u> secured party name (3a or	3b) MIDDLE	NAME		SUFFIX	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE				
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES		· ·	NAME POSTAL CODE 21528		SUFFIX	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral:	FIRST NAME CITY Eckhart Mines	MIDDLE I	POSTAL CODE 21528	Пат	SUFFIX COUNTRY USA TACHMENT	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI	CITY Eckhart Mines ND BETWEEN LESSEE AND	STATE MD	POSTAL CODE 21528 ER EQUIPN	AT MENT S	COUNTRY USA TACHMENT ALES,	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI INC., AS LESSOR; ALL RENTS AND OTHER PAYME FOLLOWING EQUIPMENT:	CITY Eckhart Mines ND BETWEEN LESSEE AND	STATE MD	POSTAL CODE 21528 ER EQUIPN	AT MENT S	COUNTRY USA TACHMENT ALES,	
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ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI INC., AS LESSOR; ALL RENTS AND OTHER PAYME FOLLOWING EQUIPMENT:	CITY Eckhart Mines ND BETWEEN LESSEE AND	STATE MD	POSTAL CODE 21528 ER EQUIPN	AT MENT S	COUNTRY USA TACHMENT ALES,	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES OR 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI INC., AS LESSOR; ALL RENTS AND OTHER PAYME FOLLOWING EQUIPMENT: CAT D11T DOZER, S/N: GEB516 CAT 988F WHEEL LOADER, S/N: 8YG639 CAT 785C HAUL TRUCK, S/N: 1HW120 CAT 785C HAUL TRUCK, S/N: 1HW121	CITY Eckhart Mines ND BETWEEN LESSEE AND	STATE MD	POSTAL CODE 21528 ER EQUIPN	AT MENT S	COUNTRY USA TACHMENT ALES,	
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI INC., AS LESSOR; ALL RENTS AND OTHER PAYME FOLLOWING EQUIPMENT: CAT D11T DOZER, S/N: GEB516 CAT 988F WHEEL LOADER, S/N: 8YG639 CAT 785C HAUL TRUCK, S/N: 1HW120 CAT 785B HAUL TRUCK, S/N: 1HW121 CAT 785B HAUL TRUCK, S/N: 6HK587	CITY Eckhart Mines ND BETWEEN LESSEE AND	STATE MD	POSTAL CODE 21528 ER EQUIPN	AT MENT S	COUNTRY USA TACHMENT ALES,	
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ORGANIZATION DEBTOR 33. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR) 34. ORGANIZATION'S NAME BILL MILLER EQUIPMENT SALES 35. INDIVIDUAL'S LAST NAME 36. MAILING ADDRESS 10200 PARKERSBURG RD 4. This FINANCING STATEMENT covers the following collateral: RENTAL/PURCHASE AGREEMENT ("LEASE"), BY AI INC., AS LESSOR; ALL RENTS AND OTHER PAYME FOLLOWING EQUIPMENT: CAT D11T DOZER, S/N: GEB516 CAT 988F WHEEL LOADER, S/N: 8YG639 CAT 785C HAUL TRUCK, S/N: 1HW120 CAT 785B HAUL TRUCK, S/N: 1HW121 CAT 785B HAUL TRUCK, S/N: 6HK587 CAT D11T DOZER, S/N: GEB659 CAT 785C HAUL TRUCK, S/N: 6HK583 TOGETHER WITH ALL PARTS ATTACHMENTS, APROCEEDS OF ANY OF THE FOREGOING.	CITY Eckhart Mines ND BETWEEN LESSEE AND NTS DUE AND TO BECOME CCESSIONS, ADDITIONS, AN	STATE MD BILL MILLE DUE UNDE	POSTAL CODE 21528 ER EQUIPM ER THE LEA	AND TH	SUFFIX COUNTRY USA TACHMENT ALES, ND THE	
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Case 23 10334-CTG Doc 110-21 Filed 03/14/23 Page 21 of 25

UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
CSC 80	00-858-5294			2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		tat 52	040 0	W W V W W W W W W W
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801 Adlai Stevenson Drive		0 9	10/	ω
Springfield, IL 62703	A1	2 0 1	\vdash	ω H H
USA		S C	im in	Acce Conv Tota
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DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o		CE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S NAME	in 15) - do not abbreviate of combine fiames			
Black Warrior Minerals, Inc. OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE 1	NAME	SUFFIX
TO. INDIVIDUAL S EAST NAIVIL	FIRST NAIVIE	INIIDDLE	NAIVIE	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	COUNTRY	
2 Office Park Circle, Suite 205 ADD'L INFO RE 1e. TYPE OF ORGANIZATION	Mountain Brook 1f. JURISDICTION OF ORGANIZATION	AL 1g ORGA	35223 ANIZATIONAL ID #, if any	USA
ORGANIZATION DEBTOR	AL	19. 0.10/	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	ebtor name (2a or 2b) - do not abbreviate or combine i	names		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE 1	NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
25. M. Marine 7.25. 250		0.7.1.2	. 33.7.2 3332	SOUTH
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	, <u> </u>
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S	C/D) insert only an account material (22 or 2b)			NONE
3a. ORGANIZATION'S NAME				
CORPORATION SERVICE COMPANY, AS REPRE OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE I	NAME	SUFFIX
SU. INDIVIDUAL O EACH MAINE	T IKOT WANE	IVIIDDEL	IVAIVIL	COLLIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 2576 UCCSPREP@cscinfo.com 4. This FINANCING STATEMENT covers the following collateral:	Springfield	IL	62708	USA
All equipment, machinery, goods, personal a	and other property, howeve	r desc	تا ribed, leased	
to Lease Schedule No. BWMS_002 to Maste	•			
now or hereafter existing, and wherever now				
attachments, accessions, parts, components replacements and exchanges thereof, and a	•			
(embedded or otherwise), general intangible		_		
inventory, collateral and other rights incorpor				
arising therefrom, all whether or not furnishe	• • • • • • • • • • • • • • • • • • • •	and an	y and all pro	ceeds,
including proceeds of proceeds, and product				
This filing is made for informational purposes	s and not to suggest Secur	ea		
See additional.	CNIEFICONICIONOD DAIL EF/DAIL CO	OELLED (C.	IVED AS LIEN	NON LIGO EU INIG
ALTERNATIVE DESIGNATION [if applicable]: X LESSEE/LESSOR CONSIGNATION CONTROL This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable].	7. Check to REQUEST SEARCH REPORT(S	SELLER/BU) on Debtor(ional]		NON-UCC FILING Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
2417 27718				

23-103<mark>34-CTG Doc 110-21 Filed 03/14/23 Page 22 of 25</mark>

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	LOW INSTRUCTIONS												
9.1			N RELATED FINANCING STA	TEME	NT		Ø	α;	д Д Д Б		001	Ŋ	
	9a. ORGANIZATION'S NAM Black Warrior Mir						LI LI	02	ъ Б	0.1		ς.	
OR							r Ω	α	4 0		4 I		
	9b. INDIVIDUAL'S LAST NA	AME	FIRST NAME		MIDDLE NAME, SUFFIX	abama	- 26 345	/14/	γ)	\$. 1 €.	ነ 	\$ 2	
10.	MISCELLANEOUS:		•			<u>a</u>	5 9	10,				4	
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11.	ADDITIONAL DEBTOR 11a. ORGANIZATION'S NAI		_ LEGAL NAME - insert only <u>one</u> r	name (1	1a or 11b) - do not abbrev	viate or combine name	es						
OB													
OR	11b. INDIVIDUAL'S LAST NAME			FIRS	FIRST NAME			MIDDLE NAME				SUFFIX	
11c.	11c. MAILING ADDRESS			CITY			STATE	POS	TAL CODE		COL	INTRY	
		ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. c	URISDICTION OF ORGA	INIZATION	11g. OR0	GANIZ/	ATIONAL II	#, if any		П	
12	ADDITIONAL SECU	DEBTOR	e Tassicnob s/bis		AE :	(4040h)						NONE	
12.	12a. ORGANIZATION'S NA		S or Massignor S/PS	NAN	IE - insert only <u>one</u> name	e (12a or 12b)							
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OR	12b. INDIVIDUAL'S LAST N	AME		FIRS	TNAME		MIDDLE	NAME			SUF	SUFFIX	
120	MAILING ADDRESS			CITY			STATE	IDOS.	TAL CODE		COL	INTRY	
120.	WALLING ADDICESS			Cirr			OIAIL		TAL OODL		000	711111	
	This FINANCING STATEME collateral, or is filed as a Description of real estate:	_ ⊔	as-extracted	Pa De su	Additional collateral descr arty's interest bebtor has no ablease, trans spose of any	is limited to independer sfer, assign	nt righ , pled	nt oi lge,	auth encu	ority t mber	o se or	II,	
15.	Name and address of a RE0 (if Debtor does not have a re		above-described real estate	18. (Check <u>only</u> if applicable at or is a Trust or Check <u>only</u> if applicable at Debtor is a TRANSMITTIN with a	Trustee acting with re nd check <u>only</u> one box IG UTILITY	espect to p			<u> </u>	Deceder	nt's Estate	
					Debtor is a TRANSMITTIN	IG UTILITY Manufactured-Home	Transactio			•	•	•	

Casa 33 103 <mark>34-CTG Doo</mark>	: 110-21	Filed 03/14/23	Page 2	24 of 25		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		7				
CSC 8	00-858-5294	<u> </u>	t 中 S	022 AM Pg	.00	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	_		а 4.	/2 57 1	\$15 \$9	2 S S S S S S S S S S S S S S S S S S S
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			PACE IS FO	R FILING OFFI	CE USE O	NLY
I. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbre	eviate or combine names				
Black Warrior Minerals, Inc. 1b. INDIVIDUAL'S LAST NAME						Laveno
1b. INDIVIDUALS LAST NAME	FIRST NAME		MIDDLE	NAME		SUFFIX
c. MAILING ADDRESS 2 Office Park Circle, Suite 205	CITY Mountain	Brook	STATE AL	POSTAL CODE 35223		COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTIO	ON OF ORGANIZATION	1g. ORGA	ANIZATIONAL ID #	, if any	
DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of		b) - do not abbreviate or combi	ne names			NONE
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME		SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
						SSSIVIIVI
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTIO	ON OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID #	t, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R S/P) - insert only <u>o</u>	ne secured party name (3a or 3	b)			
CORPORATION SERVICE COMPANY, AS REPRI	ESENTATIVI	≣				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME		SUFFIX
Sc. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
PO BOX 2576 UCCSPREP@cscinfo.com	Springfield		IL	62708	П	USA
4. This FINANCING STATEMENT covers the following collateral: All deposits, payments and other money ple connection with Lease Schedule No. BWMS between Avtech Capital, LLC and Debtor, a Agreement entered in connection therewith, hereafter located, together with all deposit a deposited, held or evidenced, and all addition and any and all proceeds, including proceed	S_002 to N s amende , whether i accounts a ons, subst	Master Lease Agd, including purshow or hereafter and instruments tutions, replace	reemensuant to existing where a	t No. 205 that certa g, and wh ny of the	Party 8236, ain Sec ereve forego	curity now or oing are
5. ALTERNATIVE DESIGNATION [if applicable]: X LESSEE/LESSOR CONS	SIGNEE/CONSIGNO	DR BAILEE/BAILOR	SELLER/BU	IYER AG. L	IEN 🗖	ON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE- ESTATE RECORDS. Attach Addendum	AL 7. Check to	REQUEST SEARCH REPOR				П
8. OPTIONAL FILER REFERENCE DATA 2429 60024						

a. NAME & PHONE OF CO Wolters Kluwer Lier	MENT TO: (Name and Address)	800-331	-3282	labama Of State	7655126	1/15/20 03:00 1	w w	\$ 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Glendale, CA USA	\ 91209-9071		THE ABOV	₹ · U W S	ДС	_	File Acces	Conv Total
. DEBTOR'S EXACT FU	JLL LEGAL NAME - insert only <u>one</u> debtor nam	ne (1a or 1b) - do	not abbreviate or combine names					
BLACK WARRIO	OR MINERALS, INC.							
R 15. INDIVIDUAL'S LAST NAME			NAME	MIDE	DLE N	AME		SUFFIX
D. MAILING ADDRESS PO BOX 530882		CITY	ningham	STA ⁻		POSTAL CODE		COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION			RISDICTION OF ORGANIZATION			NIZATIONAL ID :	#, if any	JOOA
ADDITIONAL DEBTOL	DEBTOR	AL	(001)					NON
2a. ORGANIZATION'S NA	R'S EXACT FULL LEGAL NAME - insert only IME	one debtor nam	e (2a or 2b) - do not abbreviate or cor	nbine names				
PR 2b. INDIVIDUAL'S LAST N	NAME	FIRST	NAME	MIDI	DLE N	AME		SUFFIX
c. MAILING ADDRESS		CITY		STA	TE	POSTAL CODE		COUNTRY
	ADD'L INFO RE 2e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	DN 2f. JUF	RISDICTION OF ORGANIZATION	2g. C	<u> </u> DRGAI	NIZATIONAL ID:	#, if any	Пио
. SECURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSI	GNOR S/P) - ins	ert only <u>one</u> secured party name (3a o	or 3b)				NON
3a. ORGANIZATION'S NA	ME ncial Services Corporation							
3b. INDIVIDUAL'S LAST N	•	FIRST	NAME	MIDI	DLE N	AME		SUFFIX
		OUT		074	CTATE DOOTAL CODE			COLUNITRY
c. MAILING ADDRESS 2120 West End Avei	nue	CITY Nas	hville		TN 37203			COUNTRY
. This FINANCING STATEME								 TACHMENT